

INSTRUCTIONS FOR COMPLETING FORM: This form must be typed and can be completed on our website, www.vaeb.uscourts.gov. Select ECF/Getting Started/Credit Card Authorization Form. Press the tab key to advance to each field. A new form must be submitted to the court upon any change to: name, address, phone number, authorized user, account number, expiration date, etc. It is the responsibility of the cardholder to notify the court if a card has been canceled or stolen. This form will remain in effect until the expiration date or specifically revoked in writing. A handwritten signature is required on this form. **Questions regarding this form should be addressed to Lisa Newman at 804/916-2494.**

**United States Bankruptcy Court - Eastern District of Virginia
CREDIT CARD BLANKET AUTHORIZATION FORM**

I hereby authorize the U. S. Bankruptcy Court to charge the credit card listed below for payment of fees, costs, and expenses which are incurred by the authorized users listed below. I understand that when a pleading requiring a fee is received without the fee, the court will automatically charge the account number listed on this form. Initial installment payments will be charged at the time of filing the petition. The charging of subsequent installment payments will require ECF notification, prior to the payment due date. I certify that I am authorized to sign this form on behalf of my law firm.

Credit Cardholder Name: _____

Signature: _____ **Date:** _____

NAMES OF AUTHORIZED USERS: List ONLY names of individuals who sign petitions/pleadings (INCLUDE cardholder name, if applicable). It is not necessary to list any other individuals.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Law Firm Name: _____
(If sole practitioner, type your name)

Address: _____

Contact Person: _____ **Telephone Number:** _____

Account Number: _____ **Expiration Date:** _____

CARD TYPE: (Check card type below)

MasterCard	VISA	Discover	American Express**	Diners Club
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****American Express ID Number:** _____ (This four digit # is printed on your card above the embossed account number.)

Please check ONLY the locations below where you will be filing & mail the ORIGINAL form to the nearest office. The original form will be maintained in the filing office and copies will be provided by the court to all other offices.

ALEXANDRIA OFFICE
200 South Washington St., Suite 100
Alexandria, VA 22314-5405

NORFOLK/NEWPORT NEWS OFFICE
P. O. Box 1938
Norfolk, VA 23501-1938

RICHMOND OFFICE
1100 East Main Street, Suite 310
Richmond, VA 23219-3515

COURT USE ONLY: Original maintained in _____ office. Sent copies on _____ to:
_____ Alexandria _____ Richmond _____ Norfolk/Newport News (date) [Revised 05/29/01]